

How to Update Account Information using the ePREP Portal

The Applications used to Make Updates to your Account are called Supplemental Applications.

A supplemental application is one of two types of applications that is not accessed through the “Applications” tab in your ePREP Portal.

Applications accessed through the “Accounts” tab

- Supplemental
- Revalidation

If you are due to complete a “Revalidation” you may make your updates through that application, i.e., License update, new service, pay to, or mail to address, new phone number, etc.

There are four types of Maryland Medicaid providers, Facility’s, Group Provider’s, Rendering Provider’s, and Individual Billing Provider’s. For each there is a different selection of the type of updates they may make to their account.

As an example, a Rendering Provider would have no need to update a Service Location since he/she renders services for a group or facility and does not directly bill Maryland Medicaid.

However, regardless of the type of provider you are, all supplemental applications start off the same way.

Once you are in your Business Profile Click on the “Accounts” tab. Once on the “Accounts” page, find the Orange Action Icons on the far-right hand side of your account. (As seen below)

Accounts

Hello again, Timothy! Listed below are your active Maryland Medicaid accounts. If you have any questions about them, please [send a message](#) to a Maryland Medicaid representative.

> INDIVIDUAL PROVIDER ACCOUNT: Accounts Dashboard

Account ID	Provider ID	Status	Provider Name	Provider Type	Account Type	NPI	Begin Date	License State	Service Address	Actions
100015395	523698741	36 - Active Pay		Physician Assistant	Individual Billing		02/28/2022	Montana	333 Church ST, BILLINGS - MT, 59107-5100	

To begin a “Supplemental” Application you will want to click on one specific Orange Icon. When you hover over it before clicking, it will highlight as “Update Account,” as seen below

Actions

Update Account

The following screen depends entirely on your provider type, as previously mentioned.

Below are 4 examples of the options for each provider type's supplemental application set up.

Facility

Update your Account ✕



What would you like to update?
Select all information you want to update before you continue.

TENDER TOUCH HOME CARE INC.,

Provider type: **Nursing Facility** Approval Date: 05/02/2022
NPI: 1447513320 Last update Date: 05/02/2022
Account Type: Facility Account ID: 100015516

Business Information

Business Information

- Doing Business As (DBA) name
- Business Phone Number, SDAT
- Contact Person

Addresses

- Service Address
- Mailing Address
- Pay-to Address
- All My Addresses

Logistics

- Practice Operations

Licenses-Certificates

- Licenses & Certifications
- Taxonomy & Specialty Codes
- CLIA Certificate
- Additional Information
- Institutional Information

Disclosure Information

- Adverse Actions
- Subcontractors, Managing Emplo...
- Fines and Debts
- Significant Transactions
- Delegated Officials

Other Change Options

- Change of Ownership

Required value

Cancel Start updates

Group

Update your Account



What would you like to update?

Select all information you want to update before you continue.

HEARTFELT MEDICAL GROUP

Provider type: Physician

NPI: 1356400204

Account Type: Group Billing

Approval Date: 09/01/1996

Last update Date: 06/09/2021

Account ID: 800050811

Business Information

Business Information

Doing Business As (DBA) name

Business Phone Number, SDAT

Contact Person

Logistics

Practice Operations

Addresses

Service Address

Mailing Address

Pay-to Address

All My Addresses

Licenses-Certificates

Taxonomy & Specialty Codes

CLIA Certificate

Disclosure Information

Adverse Actions

Subcontractors, Managing Employ...

Fines and Debts

Significant Transactions

Delegated Officials

Other Change Options

Change of Ownership

Required value

Cancel

Start updates

Rendering Provider

Update your Account



What would you like to update?

Select all information you want to update before you continue.

SANDERS, BRANT DO

Provider type: Physician

NPI: 1407841422

Account Type: Rendering Provider

Approval Date: 04/28/2022

Last update Date: 04/28/2022

Account ID: 100015513

Individual Information

Personal Information (name, email...)

Identification (SSN, driver license...)

Correspondence Address

Business Information

Business Information

Contact Person

Licenses-Certificates

Licenses & Certifications

Taxonomy & Specialty Codes

Disclosure Information

Adverse Actions

Fines and Debts

Required value

Cancel

Start updates

Individual Biller

Update your Account



What would you like to update?

Select all information you want to update before you continue.

SANDERS, TIMOTHY PA

Provider type: Physician Assistant

NPI: 1770666422

Account Type: Individual Billing

Approval Date: 02/28/2022

Last update Date: 04/27/2022

Account ID: 100015395

Individual Information

Personal Information (name, email...)

Identification (SSN, driver license...)

Business Information

Business Information

Doing Business As (DBA) name

Business Phone Number, SDAT

Contact Person

Addresses

Service Address

Mailing Address

Pay-to Address

All My Addresses

Logistics

Practice Operations

Licenses-Certificates

Licenses & Certifications

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CLIA Certificate

Disclosure Information

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Subcontractors, Managing Emplo...

Fines and Debts

Significant Transactions

Delegated Officials

Required value

Cancel

Start updates

As an example, to how to complete a “Supplemental Application” the Physician Assistant from the previous screen shot will be used. This is for an “Individual Biller.” And the license will be updated.

Once you click on the choice you wish to update, it will highlight in blue as seen below. Once highlighted, click “Start updates.” Keep in mind you may choose multiple updates as necessary.

Update your Account ✕



What would you like to update?
Select all information you want to update before you continue.

SANDERS, TIMOTHY PA

Provider type: Physician Assistant	Approval Date: 02/28/2022
NPI: 1770666422	Last update Date: 04/27/2022
Account Type: Individual Billing	Account ID: 100015395

Individual Information

- Personal Information (name, email...)
- Identification (SSN, driver license...)

Business Information

Business Information

- Doing Business As (DBA) name
- Business Phone Number, SDAT
- Contact Person

Addresses

- Service Address
- Mailing Address
- Pay-to Address
- All My Addresses

Logistics

- Practice Operations

Licenses-Certificates

Licenses & Certifications

- Taxonomy & Specialty Codes
- CLIA Certificate

Disclosure Information

- Adverse Actions
- Subcontractors, Managing Emplo...
- Fines and Debts
- Significant Transactions
- Delegated Officials

Cancel **Start updates**

This will generate your "Supplemental Application."

✉ 🔔📞 1👤 Timothy

My Home Applications Accounts My Tools ▾ Help What's New!



Provider Name	
Provider Type	Physician Assistant
Application ID	226QTANN
Creation Date	06/21/2022
Package Type	Supplemental
MA Number:	523698741

0% Complete 0% Documents
0% 0%New Message Sign and Submit



To avoid application deficiencies, be sure that each changed value is entered correctly. If the changed value requires a new document attachment, please review it. If the document is outdated, upload a current version. If you have any questions, please contact customer support at 1-844-463-7768

REMINDER

Content Expand All

- Practice Information
- Licenses & Certifications
- Signature

Go to Update Menu
Cancel Application

Individual Licenses & Certifications 0 Items Update



Here you can [attach your professional licenses and certificates](#).
Start by [uploading the professional license](#) that permits you to provide health care services.
Make sure you [provide clear copies](#) so my analysts can read them.

State health care license number	36985
Health Care State License	<input type="text" value="Sample Docum..."/>
Issuance State/Province	Montana, MT
Issuance date	01/04/2022
Expiration date	<input checked="" type="checkbox"/> <input type="text" value="06/22/2022"/>

In this example you will have to delete and replace the current license with the up-to-date license, as well as correct the expiration date field.

ePREP PORTAL 📧 🔔 📞 👤 Timothy

My Home **Applications** Accounts My Tools ▾ Help What's New!

← Account ID: 100015395

Provider Name 0% Complete 0% Documents

Provider Type: Physician Assistant 0% 0% New Message Sign and Submit

Application ID: 226QTANN

Creation Date: 06/21/2022

Package Type: Supplemental

MA Number: 523698741

REMINDER

To avoid application deficiencies, be sure that each changed value is entered correctly. If the changed value requires a new document attachment, please review it. If the document is outdated, upload a current version. If you have any questions, please contact customer support at 1-844-463-7768

Content Expand All

- Practice Information
- Licenses & Certifications**
- Signature

Go to Update Menu

Cancel Application

Individual Licenses & Certifications 0 Items Update

Here you can **attach your professional licenses and certificates**. Start by **uploading the professional license** that permits you to provide health care services. Make sure you **provide clear copies** so my analysts can read them.

State health care license number: 36985

Health Care State License

Sample PA Lice...

Issuance State/Province: Montana, MT

Issuance date: 01/04/2022

Expiration date: 06/30/2024

Once this is complete, you must click on the “Sign and Submit” at the bottom.

Sign and Submit →

The “Sign and Submit” page is as follows. You must click in the empty circle near the signature and enter the last four of the provider’s SSN to sign the application.

Update your Account ✕



Last Step!
Please enter your SSN and agree to the declarations. I have also included a list of the updates you made if you would like to review.

I, Timothy, agree that my electronic signature is attributable as defined in Commercial Law Article § 21-208

Timothy

Enter the Last Four Digits of your SSN

###-##-__



Updates List	Old Value	New Value
Individual Licenses & Certifications		
Expiration date	01/04/2024	→ 06/30/2024

[See all](#)

Cancel Submit

Once this is complete (see below) you may click the "Submit" button to submit the "Supplemental Application."

Update your Account ✕



Last Step!
Please enter your SSN and agree to the declarations. I have also included a list of the updates you made if you would like to review.

I, Timothy, agree that my electronic signature is attributable as defined in Commercial Law Article § 21-208 ✓

Timothy

Enter the Last Four Digits of your SSN

Updates List	Old Value	New Value
Individual Licenses & Certifications		
Expiration date	01/04/2024	→ 06/30/2024

[See all](#)

Cancel Submit